Please type a plus sign (+) inside this box -PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

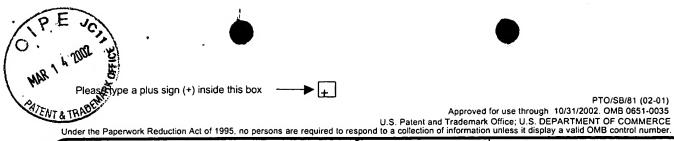
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | Unknown |
|------------------------|---|
| Filing Date | Herewith |
| First Named Inventor | Gary M. Sanderson |
| Title | A METHOD FOR TRACKING FUTURE SUPPORT |
| Group Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | NORTH-458A |

| I hereby appo | int: | | | | | | $\overline{}$ |
|--|-----------|---------------------------|--------------------|---------|------------|---|---------------|
| Practition OR | ners at (| Customer Number | | | | Place Customer Number Bar Code Label here | |
| Practition | er(s) na | med below: | | | | | |
| | | Name | | | Regist | ration Number |] |
| | | Anderson | | | 24,271 | | _ |
| Ka | rl J. | Hoch, Jr. | | ; | 34,181 | | |
| | | | | _ | | | _ |
| | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | agent(s) to prosecute the | | | | | |
| | | spondence address for | the above-ider | ntified | applicatio | n to: | |
| | mention | ed Customer Number. | | | _ | | |
| OR Prostitioner | o at Cur | stomer Number | | | | Place Customer Number Bar Code | |
| OR | s at Cus | stomer Number | | | | Label here | |
| Firm or | | NORTHROP GRUMMAN | CORPORATI | ON | | J | |
| Individual Na | ime | TERRY J. Anderso | on | | | | |
| Address | | M/S 30/110/31 | | | | | |
| Address | | 1840 Century Par | k East | | | | |
| City | | Los Angeles | | State | CA | Zip 90067 | <u>-2199</u> |
| Country | | U.S.A. | · · · _I | | <u> </u> | | |
| Telephone | | (310)332–5666 | | Fax | (310 | 11332-5678 | |
| I am the: | | | | | | | |
| <u>x</u> Applicant | t/Invento | or. | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name | Jose | Q. Şaavedra | <u> </u> | | | | |
| Signature , Jui' C. Film | | | | | | | |
| Date + 1-31-02 | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| orms it more than one s | <u> </u> | ns are submitted. | | | | | |
| | | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | Unknown |
|------------------------|---|
| Filing Date | Herewith |
| First Named Inventor | Gary M. Sanderson |
| Title | A METHOD FOR TRACKING FUTURE SUPPORT |
| Group Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | NORTH-458A |

| I hereby appoint: | | | | | |
|--|---|---|--|--|--|
| Place Customer Practitioners at Customer Number Number Bar Code | | | | | |
| OR | 100.00.000.000.000 | Label here | | | |
| Practitioner(s) na | amed below: | | | | |
| | Name | Registration Number | | | |
| | . Anderson | 24,271 | | | |
| Karl J. | Hoch, Jr. | 34,181 | | | |
| | | · | | | |
| | | | | | |
| | - accept(a) to present the application id | antified above, and to transact all | | | |
| | r agent(s) to prosecute the application identifies the States Patent and Trademark Office control | | | | |
| | espondence address for the above-identi | | | | |
| | ned Customer Number. | | | | |
| OR | | Place Customer | | | |
| Practitioners at Cu | stomer Number | Number Bar Code Label here | | | |
| OR | | Labernere | | | |
| Firm or | NORTHROP GRUMMAN CORPORATIO | DN | | | |
| —— Individual Mairie | TERRY J. Anderson | | | | |
| Address | M/S 30/110/31 | | | | |
| Address | 1840 Century Park East | 7 | | | |
| City | | State CA Zip 90067-2199 | | | |
| Country | U.S.A. | | | | |
| Telephone | (310)332–5666 | Fax (310)332–5678 | | | |
| I am the: | | | | | |
| x Applicant/Invent | or. | | | | |
| | and of the entire interest Sec 27 CER 2.7 | 74 | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | |
| | | e of Record | | | |
| Name | Gary M. Sanderson | | | | |
| Signature | * SM | | | | |
| | - 79 | e 2/1/02 | | | |
| Date | | | | | |
| Date | ntors or assignees of record of the entire interest or | r their representative(s) are required. Submit multiple | | | |

Please type a plus sign (+) inside this box -PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Office of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | Unknown |
|------------------------|---|
| Filing Date | Herewith |
| First Named Inventor | Gary M. Sanderson |
| Title | A METHOD FOR TRACKING FUTURE SUPPORT |
| Group Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | NORTH-458A |

| I hereby appo | oint: | | | Γ | | |
|--|-----------------------------------|---|---------|-------------|---|--|
| Practitioners at Customer Number OR | | | | | Place Customer Number Bar Code Label here | |
| | ner(s) na | amed below: | | | | |
| | | Name | | Registrat | ion Number | |
| | _ | Anderson | 1 | 24,271 | | |
| Ka | rl J. | Hoch, Jr. | | 34,181 | | |
| | | | | | | |
| l <u>L</u> | | | | | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | |
| Please change | the corre | espondence address for the above-ide | ntified | application | to: | |
| | -mentior | ned Customer Number. | | | | |
| OR | 4 0 | Abara a Niverbaa | | | lace Customer lumber Bar Code | |
| Practitionei OR | rs at Cus | stomer Number | | | abel here | |
| Firm or | | NORTHROP GRUMMAN CORPORAT: | TON | | | |
| Individual Na | ame | TERRY J. Anderson | | | | |
| Address | | M/S 30/110/31 | | | | |
| Address | | 1840 Century Park East | | | | |
| City | | Los Angeles | State | CA | Zip 90067-2199 | |
| Country | | U.S.A. | | | | |
| Telephone | e (310)332–5666 Fax (310)332–5678 | | | 332-5678 | | |
| I am the: | | | | | | |
| 🔀 Applican | t/Invent | or. | | | | |
| _ , . | | | ~. | | | |
| | | rd of the entire interest. See 37 CFR 3 | | 2/06) | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | |
| Name | James B. Swank | | | | | |
| Signature | Signature & James B Awank | | | | | |
| Date 2 3/1/02 | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
| □ *Total of forms are submitted. | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.